

**MEDICAL BOARD OF CALIFORNIA**

CENTRAL COMPLAINT UNIT
1426 Howe Avenue, Suite 54
Sacramento, CA 95825-3236
(916) 263-2424 FAX (916) 263-2435
www.medbd.ca.gov

**OUTPATIENT SURGERY – PATIENT DEATH REPORTING FORM**

State law (Section 2240 (a) of the California Business and Professions Code) requires that whenever a patient death results from a scheduled medical procedure outside of a general acute care hospital, either by the physician or by a person acting under the physician's orders or supervision, the physician must complete this form and send it to: Medical Board of California, 1426 Howe Avenue, Suite 54, Sacramento, CA 95825 Attn: Central Complaint Unit

1. Patient Name:	
Last _____	First _____ Middle _____
Address: _____ Date of Birth: _____	
Number _____ Street _____ City _____ State _____ ZIP Code _____	
Medical Record Number: _____ Physical Location of Medical Record: _____	
2. Name of physician who performed surgery:	
Last _____	First _____ Middle _____
2a. Physician's practice specialty and ABMS certification: _____	
2b. Physician's license number: _____	
3. Surgery Date: _____	
3a. Patient Identifier (Social Security Number, Patient ID Number, etc.): _____	
4. Name and address of outpatient setting where surgery/outpatient procedure was performed:	
Name _____	
Address: _____	
Number _____	Street _____ City _____ State _____ ZIP Code _____
5. Outpatient setting is licensed, certified, and/or accredited by:	
a. _____	
b. _____	
c. _____	
6. Type(s) of outpatient procedures performed:	
7. Circumstances of patient's death: (please attach additional sheets if necessary)	
8. Name and location of hospital or emergency center where patient was transferred: (a separate Patient Transfer Form must also be completed)	
9. Date of Report: _____ Physician Completing this Form: _____	
(Please Print Legibly)	